

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000018599

1. Entity Name
SARATOGA PLACE LLC



Principal Place of Business
**5600 SILVER STAR RD
ORLANDO, FL 32808**

Mailing Address
**5600 SILVER STAR RD
ORLANDO, FL 32808**



07062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SOBHRAJ, HARRY
5600 SILVER STAR RD
ORLANDO, FL 32808**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, KEN 88-05 MERRICK BOULEVARD, #L3 JAMAICA, NY 11432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, GEORGE 8805 MERRICK BLVD JAMAICA, NY 11432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBHRAJ, JAIRAJ 8805 MERRICK BLVD JAMAICA, NY 11432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBHRAJ, STEVE 8805 MERRICK BLVD JAMAICA, NY 11432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBHRAJ, HARRY 8805 MERRICK BLVD JAMAICA, NY 11432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000569507
07/11/06-80030-010 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

HARRY SOBHRAJ

7/7/06

Date

(407) 298-6068

Daytime Phone #